

AUG 23 2011

FCC Mail Room

August 22, 2011

Federal Communications Commission  
Wireline Competition Bureau

VIA: Electronic Filing System  
Doc: 02-6

RE: Request for Waiver of Appeal Deadline  
Funding Year 2009  
Form 471 #: 666699  
Funding Request Number: 1820367  
Form 486 #: 813948  
Arkansas Department of Information Systems  
Entity Number: 157107

**CC: 02-6**

Dear Sirs:

The Arkansas Department of Information Systems (DIS) respectfully requests that the Federal Communications Commission waive the 60 day appeal deadline applicable to the Form 486 Notification Letter dated October 27, 2010, which references Form 486 Application Number 813948 and Funding Request Number 1820367. The request for waiver is made in good faith and for good cause shown; the denial of this request for waiver will result in a loss of E-rate funding for Arkansas in the amount of \$402,046.47.

The underlying circumstances of the request for waiver demonstrate that all forms were timely submitted pursuant to required deadlines. The forms also reflect that the appropriate funding year (2009) was selected from the drop down box in item 3. All information was entered correctly with the exception of the service start date, which ministerial and clerical error reflected a service start date of 07/01/2010 instead of 07/01/2009 in Form 486 Block 3 item E. *See attached* Form 470, Form 471 Block 5, Form 472, and Form 486.

The Form 486 Notification Letter was received on October 27, 2010; however, there was no clear indication in the notification letter that there was an error with the submitted Form 486. The ministerial and clerical error of the service start date was not discovered until the Form 472 (BEAR) Notification Letter was received on January 7, 2011, which denied the reimbursement request on the basis of "Billed Date Before 486 Service Start Date". At this point, the sixty (60) day appeal deadline of the Form 486 Notification Letter had passed.

In this case, while all forms were submitted on time, the appeal of the Form 486 Notification Letter based on a ministerial and clerical error was not timely filed. This oversight occurred as a result of exceptional personal issues creating stress and duress in the personal life of Becky Rains, Strategic Funding Program Manager, which constitute extenuating circumstances and good cause to grant the request for waiver.



The Department of Information Systems respectfully requests the Federal Communications Commission grant a waiver of the Appeal Deadline for Form 486 number 813948. The loss of this funding due to human oversight and a ministerial and clerical error will result in a significant detrimental impact upon the educational services available in the state of Arkansas. The granting of this waiver would serve the public interest of the state of Arkansas by allowing the Department of Education to furnish essential educational services to the children of the state of Arkansas.

If you have any questions, or if I may provide additional information, please do not hesitate to contact me at (501) 682-5148.

Sincerely,



Claire Bailey  
Arkansas Chief Technology Officer  
Director  
Department of Information Systems

Enclosures



**470**

# Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 4.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application.

(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

Form 470 Application Number: 259440000587743

Applicant's Form Identifier: ATMframeIFB

Application Status: CERTIFIED

Posting Date: 11/04/2006

Allowable Contract Date: 12/02/2006

Certification Received Date: 02/15/2006

**1. Name of Applicant:**

DIS STATE OF ARKANSAS

**2. Funding Year:**

07/01/2007 - 06/30/2008

**3. Your Entity Number**

157107

**4a. Applicant's Street Address, P.O.Box, or Route Number**

1 CAPITOL MALL

City

LITTLE ROCK

State

AR

Zip Code

72203

**b. Telephone number**

(501) 682- 4003

**c. Fax number**

(501) 682- 4310

**5. Type Of Applicant**

- ☒ Individual School (individual public or non-public school)
- ☐ School District (LEA; public or non-public[e.g., diocesan] local district representing multiple schools)
- ☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)
- ☐ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)

**6a. Contact Person's Name:** Becky Rains

First, if the Contact Person's Street Address is the same as in **Item 4** above, check this box. If not, please complete the entries for the Street Address below.

**6b. Street Address, P.O.Box, or Route Number**☒ 1 CAPITOL MALL

P.O. BOX 3155



City  
LITTLE ROCK

State  
AR

Zip Code  
72203

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☒ 6c. Telephone Number (501) 682- 4003

☒ 6d. Fax Number (501) 682- 4310

☒ 6e. E-mail Address becky.rains@arkansas.gov

## Block 2: Summary Description of Needs or Services Requested

### 7 This Form 470 describes (check all that apply):

a. ☒ Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year.

b. ☒ Services for which a new written contract is sought for the funding year in Item 2.  
Check if you are seeking ☒ a multi-year contract and/or ☒ a contract featuring voluntary extensions

c. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous funding year.

**NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous funding year OR a contract signed on/before 7/10/97 and previously reported on a Form 470 as an existing contract do NOT require filing of a new Form 470.**

What kinds of service are you seeking: Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, or Basic Maintenance of Internal Connections? Refer to the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.

### 8 ☒ Telecommunications Services

Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a. ☒ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at [http://www.arkansas.gov/dfa/procurement/bids/bid\\_i](http://www.arkansas.gov/dfa/procurement/bids/bid_i) or via (check one):

☒ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b. ☐ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

c. ☒ Check this box if you prefer discounts on your bill.

☒ Check this box if you prefer reimbursement after paying your bill in full.

☐ Check this box if you do not have a preference.

Service or Function:

Quantity and/or Capacity:

Digital Transmission Service

ATM T1 UNI port and access, One VPC, SIR 1.5 Mbps, VBR-nrt



|                              |   |
|------------------------------|---|
| Digital Transmission Service | ATM 3Mbps UNI port and access: VPC with SIR 3 Mbps, VBR- nrt: VPC with SIR 1.5 Mbps, VBR-rt     |
| Digital Transmission Service | ATM 4.5Mbps UNI port and access: VPC with SIR 4.5 Mbps, VBR- nrt: VPC with SIR 1.5 Mbps, VBR-rt |
| Digital Transmission Service | ATM 6 Mbps UNI port and access: VPC with SIR 4.5 Mbps, VBR- nrt: VPC with SIR 1.5 Mbps, VBR-rt  |
| Digital Transmission Service | Frame T1 UNI port and access, CIR 768 Kbps  |
| Digital Transmission Service | Frame 512 Kbps UNI port and access, CIR full.   |
| Digital Transmission Service | Frame 384 Kbps UNI port and access, CIR full  |
| Digital Transmission Service | Frame 128 Kbps UNI port and access, CIR full  |
| Digital Transmission Service | Frame 64 Kbps UNI port and access, CIR full.  |
| Digital Transmission Service | Frame 56 Kbps UNI port and access, CIR full.  |

#### 9 ☐ Internet Access

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have and RFP, you risk denial of your funding requests.**

a ☐ **YES**, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):

☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☐ **NO**, I have not released and do not intend to release an RFP for these services.

**Whether you check YES or NO**, you must list below the Internet Access Services you seek. Specify each **service or function** (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

c ☐ Check this box if you prefer discounts on your bill.

☐ Check this box if you prefer reimbursement after paying your bill in full.

☐ Check this box if you do not have a preference.

#### 10 ☐ Internal Connections Other than Basic Maintenance

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have and RFP, you risk denial of your funding requests.**

a ☐ **YES**, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):

☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☐ **NO**, I have not released and do not intend to release an RFP for these services.

**Whether you check YES or NO**, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

c ☐ Check this box if you prefer discounts on your bill.

☐ Check this box if you prefer reimbursement after paying your bill in full.

☐ Check this box if you do not have a preference.



**11 ☒ Basic Maintenance of Internal Connections**

***Do you have a Request for Proposal (RFP) that specifies the services you are seeking ? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.***

a ☒ **YES**, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):

☒ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☒ **NO**, I have not released and do not intend to release an RFP for these services.

**Whether you check YES or NO, you must list below the Basic Maintenance Services you seek. Specify each service or function (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.**

c ☒ **Check this box if you prefer discounts on your bill.**

☒ **Check this box if you prefer reimbursement after paying your bill in full.**

☐ **Check this box if you do not have a preference.**

**12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the Authorized Person who signs this form.**

Name:

Don McDaniel

Title:

Director Network Services

Telephone number

(501) 682 - 5027

Fax number

(501) 682 - 4310

E-mail Address

don.mcdaniel@arkansas.gov

**13a. ☒ Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or a Web address where they are posted and provide a contact name and telephone number.**

☒ **Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.**

**13b. If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, you may summarize below (including the likely timeframes). If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.**

**The contract will be in effect for a five (5) year term. The Office of State Procurement reserves the option to renew this contract in accordance with the original terms of the contract, upon mutual agreement, for up to two (2) renewal periods, in one (1) year increments or a portion thereof, but not to exceed a total contract term of seven (7) years.**

**Block 3: Technology Resources**

**14.**

☒ **Basic telephone service only: If your application is for basic telephone service and voice mail only, check this**

box 'and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop software: Software required ☒ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☐ are being sought.

e. Staff development: ☒ all staff have had an appropriate level of training /additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

The vendor is requested to provide costs on the price sheet for Frame Relay service, ATM service, Gigabit Ethernet transport service and related services. The bid for Frame Relay service is to be for speeds of 56 Kbps, 64Kbps, 128Kbps, 384 Kbps, 512 Kbps and T1. The bid for ATM Service is to be for ATM T1, 3 Mbps, 4.5 Mbps, 6 Mbps speeds, ATM DS3 with speeds of 20 Mbps and 40 Mbps, and ATM OC3 with speeds of 50 Mbps, 100 Mbps and 148 Mbps. For more details, please view the entire IFB at: [http://www.arkansas.gov/dfa/procurement/bids/bid\\_info.php?bid\\_number=SP-07-0141](http://www.arkansas.gov/dfa/procurement/bids/bid_info.php?bid_number=SP-07-0141)

#### Block 4: Recipients of Service

#### 16. Eligible Entities That Will Receive Services:

Check the ONE choice (Item 16a, 16b or 16c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a. ☐ Individual school or single-site library.

b. ☒ Statewide application for (enter 2-letter state code) **AR** representing (check all that apply):

- ☒ All public schools/districts in the state:
- ☐ All non-public schools in the state:
- ☒ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☒ If checked, complete Item 18.

c. ☐ School district, library system, or consortium application to serve multiple eligible entities:

|  |  |
|--|--|
| Number of eligible sites                               |  |
| For these eligible sites, please provide the following |  |



**Area Codes**  
(list each unique area code)

**Prefixes associated with each area code**  
(first 3 digits of phone number)  
separate with commas, leave no spaces

**17. Billed Entities**

17. Billed Entities: List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470.

| Entity                                   | Entity Number |
|--|---------------|
| DIS STATE OF ARKANSAS                    | 157107        |
| All Eligible Libraries in State AR       |               |
| All Public Schools/Districts in State AR |               |

**18. Ineligible Participating Entities**

List the names of any entity/entities here for whom services are requested that are not eligible for the Universal Service Program.

| Ineligible Participating Entity | Area Code | Prefix |
|---------------------------------|-----------|--------|
| state agencies                  | 501       | 682    |
| county offices                  | 501       | 375    |
| Boards & commissions            | 501       | 682    |
| City Government                 | 501       | 374    |
| Higher ED                       | 501       | 569    |

**Block 5: Certification and Signature**

19. ☒ I certify that the applicant includes:(Check one or both.)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C.Secs.7081(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges and universities).

20. ☒ I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a. ☒ individual technology plans for using the services requested in the application, and/or
- b. ☐ higher-level technology plans for using the services requested in the application, or
- c. ☐ no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only



21. ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the status and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than the services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
23. ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support.
24. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity (ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
25. ☒ I certify that I have reviewed all applicable state and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Commissions Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
26. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.
27. Signature of authorized person: ☒
28. Date (mm/dd/yyyy): 11/04/2006
29. Printed name of authorized person: Becky Rains
30. Title or position of authorized person: Strategic Funding Program Manager
- 31a. Address of authorized person: P.O. Box 3155  
City: Little Rock State: AR Zip: 72203
- 31b. Telephone number of authorized person: (501) 682 - 4003
- 31c. Fax number of authorized person: (501) 6824310
- 31d. E-mail address number of authorized person: becky.rains@arkansas.gov
- 31e. Name of authorized person's employer: DIS State of Arkansas

**Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at [www.sl.universalservice.org](http://www.sl.universalservice.org) or call the Client Service Bureau at 1-888-203-8100.**

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms  
ATTN: SLD Form 470  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100**

FCC Form 470  
November 2004

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# Schools and Libraries Universal Service Program

## Services Ordered and Certification Form 471

### Application Display

Block 1

Block 2 & 3

Block 4

Block 5

Block 6

Misc

471 Application No: 666699

Funding Year: 7/1/2009 - 6/30/2010

Cert. Postmark Date: 02/12/2009

Form Status: CERTIFIED - In Window

RAL Date: 02/19/2009

Out of Window Letter Date: Not applicable

### Block 5: Discount Funding Request(s)

FRN: 1820367 FCDL Date: 06/03/2010

#### 10. Original FRN:

11. Category of Service:  
Telecommunications Service

12. 470 Application Number: 259440000587743

13. SPIN: 143022137

14. Service Provider Name: AT&T Corp.

15a. Non-Contracted tariffed/Month to  
Month Service:

15b. Contract Number: SP-07-0141

15c. Covered under State Master  
Contract:

15d. FRN from Previous Year: 1675028

16a. Billing Account Number: 501-A55-  
0096

16b. Multiple Billing Account Numbers?:

17. Allowable Contract Date: 12/02/2006

18. Contract Award Date: 02/01/2007

19a. Service Start Date: 07/01/2009

19b. Service End Date:

20. Contract Expiration Date: 01/31/2012

21. Attachment #:

22. Block 4 Worksheet No.: 1076023

23a. Monthly Charges: \$85,030.66

23b. Ineligible monthly amt.: \$0.00

23c. Eligible monthly amt.: \$85,030.66

23d. Number of months of service: 12

23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$1,020,367.92

23f. Annual non-recurring (one-time)  
charges: 138.6

23g. Ineligible non-recurring amt.: 0

23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$138.60

23i. Total program year pre-discount amount ( 23e + 23h): \$1,020,506.52

23j. % discount (from Block 4): 77

23k. Funding Commitment Request ( 23i x 23j): \$785,790.02

**Form 486****Receipt of Service Confirmation Form**

Form 486 Status: CERTIFIED

Applicant's Form Identifier:

Form 486 Number: 813948

(create your own code to identify this Form 486)

**Block 1: Billed Entity Information**[Need Help?](#)**1. Billed Entity Name:**

DIS STATE OF ARKANSAS

**2. Billed Entity Number:**

157107

**3. Funding Year:**

2009

**4. Complete Mailing Address of Billed Entity:**

Address Line 1: 1 CAPITOL MALL

Telephone: ( 501 ) 682 - 4003 ext.

Address Line 2 (optional):

Fax: ( 501 ) 682 - 4310

City: LITTLE ROCK

Email:

State: AR

Zip Code +4: 72203 -

**5. Contact Person Information:**

Contact Person Name: Becky Rains

Contact Information is the same as in Item #4

Address Line 1: 1 CAPITOL MALL



Telephone: ( 501 ) 682 - 4003 ext.

Address Line 2:



Fax: ( 501 ) 682 - 4310

City: LITTLE ROCK



Email: Becky.Rains@Arkansas.gov

State: AR

Zip Code +4: 72203 -

\* Select a radio button above next to the preferred method of contact.

**Block 2: Early Filing Information and CIPA Waiver Requests**[Need Help?](#)**6a. Early Filing**

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.



The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

**6b. CIPA Waiver**

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.



I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

**6c. CIPA Waiver for Libraries for Funding Year 2004**

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.



I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.

**Block 3: Service Information**[Need Help?](#)



7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below. Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

|   | (A)<br>471<br>Application<br># From FCDL: | (B)<br>Funding Request<br>#<br>(FRN) From<br>FCDL: | (C)<br>Service Provider<br>Identification<br># (SPIN) From FCDL: | (D)<br>Service Provider<br>Name From FCDL: | (E)<br>Funding Year Service Start Date<br>(Earliest Date that Discounted<br>Services Will Begin): | delete? |
|---|---|--|--|--|---|---------|
| 1 | 666699                                    | 1820367  | 143022137  | AT&T Corp.                                 | 7/1/2010  |         |

#### Block 4: Certifications

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8. ☒ I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body – a USAC-certified technology plan approver – prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.

*If all of the FRNs listed herein are for basic telephone service only, choose "Other" at the bottom of the drop down list and enter 'NONE' in the field.*

Arkansas Department of Education

9. ☒ I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. ☒ I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

#### NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11:

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

#### 11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

#### FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES <sup>1</sup>:

- d. ☒ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. ☒ I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."  
The certification language above is not intended to fully set forth or explain all the requirements of the statute.

**Block 4: Signature**

[Need Help?](#)

**14. Printed name of authorized person: Becky Rains**

**15. Title or position of authorized person: Strategic Funding Program Manager**

**16a. Street Address, P.O. Box, or Route Number:**

**16b. Telephone number of authorized person:**

Address Line 1:

P. O. Box 3155

( 501 ) 682 - 4003 ext.

Address Line 2 (optional):

One Capitol Mall

**16c. Fax number of authorized person:**

City:

Little Rock

( 501 ) 682 - 4310

State:

AR

**16d. Email address of authorized person:**

Zip Code +4:

72203 - 3155

Becky.Rains@Arkansas.gov

Exit

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Client Service Bureau: 1-888-203-8100

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Applicant's Form Identifier:

Entity Number: 157107

Contact Person: Becky Rains

Phone Number: (501) 682-4003

### Certifications and Signature

Do not write in this area

**486 Application Number: 813948**

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
3. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
4. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
5. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. Cert ID = 664003

8. Date 10/13/2010

8. Printed name of authorized person **Becky Rains**

9. Title or position of authorized person **Strategic Funding Program Manager**

10a. Street Address, P.O Box or Route Number **P. O. Box 3155**  
**One Capitol Mall**  
**Little Rock, AR 72203-3155**

10b. Telephone number of authorized person **(501) 682 - 4003**

10c. Fax number of authorized person: **(501) 682-4310**

10d. E-mail of authorized person: **Becky.Rains@Arkansas.gov**

**ATTENTION:** If you are signing Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

**Please Check to affirm your compliance ☒**

**486 Application Number:  
DIS STATE OF ARKANSAS  
1 CAPITOL MALL  
LITTLE ROCK , AR 72203**

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

**The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.**

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 486) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

**Please retain a copy of this page and submit a copy with any communications to the SLD.**

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